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ABSTRACT

This paper describes an undergraduate training program for psychology students in the clinical, technical aspects of psychology. The program is designed to prepare students for work under the supervision of doctoral-level psychologists without having to obtain graduate degrees in clinical psychology. The program was developed in 1971 by Georgia College staff when it was noticed that many of their psychology graduates were working as psychology technicians at a nearby state mental institution. It was felt that the program would heighten the relevance of the graduates' academic background. All psychology majors at Georgia College are required to take statistics in addition to general and experimental psychology. In addition to these, students in the technician training program must take courses in applied and abnormal psychology, testing, personality theory, learning, learning theory, and one quarter of supervised field experience. Evaluation of the program after five years indicates success in the increased employability of graduates and improved relations between the college and area agencies and institutions. Graduates of the program have been employed by the local mental institution and also as employment counselors, parole agents, and corrections and rehabilitation counselors. Problems of the program include uneven quality of supervision in the students' field experiences and dissatisfaction of graduates who discover that their jobs dead end after a few years without additional academic degrees. (AV)

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THE PSYCHOLOGY TECHNICIAN TRAINING PROGRAM AT GEORGIA COLLEGE

William W. Nish

Georgia College

Paper presented at Annual Meeting of the American Psychological Association (Toronto, Ontario, Canada, August 1978)

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The Psychology Technician Training Program at Georgia College

William W. Nish

Georgia College

The Psychology Technician Training Program at Georgia College is an optional sequence of courses which the student can elect to complete along with the psychology major requirements for a Bachelor's degree. All majors take general, statistics, and experimental; and technicians add applied, abnormal, testing, testing practicum, personality theory, learning, applied learning, and clinical practicum, a quarter's full-time supervised field experience in a nearby state mental institution. The program is designed to prepare the student with a Bachelor's degree in psychology for work under the supervision of a PhD psychologist in such settings as state institutions, mental health clinics, counseling centers, corrections agencies, testing centers, and possibly personnel departments. It is emphasized to the students that the department does not in any way consider that the program trains clinicians who are qualified to work on their own; but rather that the program trains technicians who will be able to perform certain duties under the supervision of a Doctoral-level psychologist. Students are also advised that they should not get so heavily involved in the applied aspects of the technician program that they neglect a well-rounded background in undergraduate psychology to the extent that it restricts their future options, such as graduate school.

Georgia College is a four-year state college with approximately 2600 undergraduate and 1000 graduate students. The psychology department has five full-time and two part-time professors and 100 majors. In September, 1978, the department is starting an M.S. program designed largely for part-time students who are working in the Middle Georgia area, and about 30 students

are expected in that program. In 1972, Dr. Robert Wildman, then Chief Clinical Psychologist at Central State Hospital (a state mental institution three miles from the Georgia College campus), pointed out to us that Central State Hospital was using thirty Bachelor-level psychology technicians, with considerable evidence of success (Quattlebaum, Groves, Carruccio, Hendricks, Jones, Lanier, Lanier, & Resseger, Note 1; Elliott, Smith, Dixon, & Wildman, Note 2; Beissel, Gates, & Resseger, Note 3). Dr. Wildman also documented that the use of Bachelor-level technicians to help meet the demand for psychological services was a nationwide phenomenon. In a survey conducted in 1971 of clinical psychology departments in applied clinical settings (Wildman, Wildman, & Elliott, 1972), it was found that 39% of the 242 departments which responded were making use of Bachelor-level technicians. Dr. Wildman suggested that the Georgia College Psychology Department consider the development of an undergraduate program which would better prepare these technicians for the work they were doing in the clinical setting.

The department went through considerable soul searching over the appropriateness of any form of clinical training at the undergraduate level, since most of us had been indoctrinated with the belief that clinical services are to be performed by PhD clinical psychologists. We would have been more comfortable if we could have found some inkling from the American Psychological Association that sub-doctoral programs with clinical training are respectable. However, Woods' (1971) review of 25 years of APA debates and conferences about the desirability and respectability of, exact role of, designations for, and professional status of sub-doctoral persons delivering psychological services, rather emphatically led us to abandon the hope that we should seek clear guidelines from the parent professional organization. It seemed to us that, while

psychology was arguing with itself about the suitability of sub-doctoral psychological services, other professions such as sociology, education, health, and home economics were rapidly spreading into the psychological areas of the helping professions arena with persons who were performing psychological services. In many cases, these persons were less well trained for offering those services than Bachelor-level psychology majors. We decided that, since the need had been demonstrated and since our Bachelor-level students were in fact being employed in clinical psychology departments, we should develop the appropriate training rather than retreat to the safety of the academic tower.

We asked the psychology staff at Central State Hospital to provide us with a description of the characteristics, knowledge, and skills they would like to find in a product of a psychology technician training program, and the following were provided: (a) A good background in learning theory. (b) A knowledge of applied learning theory, especially clinical studies of behavior modification. (c) Practical experience in a clinical setting. (d) Ability to administer basic psychological tests. (e) Experience in report writing. (f) Familiarity with basic statistical techniques for data analysis and presentation. (g) Personality characteristics appropriate to the work of a technician such as tact, a willingness to accept responsibility, and enthusiasm for one's work. The empirical-behavioral orientation of the staff which provided this list seems clear.

We then began to translate the needs listed in the last paragraph into an undergraduate program. We examined the model of the Mental Health Assistant at the Associate degree level which had been described by Hadley and True (Note 4), but we decided that this model did not provide sufficient depth for

the work being done by psychology technicians. It was our aim to produce psychologists' assistants, not mental health generalists. We also did not want to have a program which was so specialized and so separate from the usual undergraduate psychology program that the graduates of the technician program would find their options for future graduate work or other jobs outside the mental health field seriously narrowed. The courses listed in the first paragraph of this paper constitute the Psychology Technician Training Program we devised. All of the courses with the exception of the testing practicum, applied learning, and the clinical practicum were already a part of our undergraduate curriculum. In adding these courses, we were most fortunate to have available qualified clinical psychologists at Central State Hospital who were willing to teach on a part-time basis and to provide supervision for the clinical practicum field experience.

Since the first graduation from the program in 1974, 33 students have completed the requirements of the program, for an average of about seven per year. This represents approximately one-fourth of the psychology major graduates of Georgia College during the same five-year period. We have tried to assess the program by having the students make written evaluations at the completion of the clinical practicum, by interviews with seniors, by alumni surveys, and by informal conversations and correspondence. The student reponse to the program has been very positive, and this has been especially true for the opportunity to have a quarter's field experience for academic credit. Only one student during the five years has been more negative than positive about the program, and that was because of his criticism of the way he was supervised in the clinical practicum. The main theme of the students' positive statements about the program is the chance to apply their classroom learning to an actual

job situation in the clinical practicum field experience. The main theme of the students' negative statements about the program has been that they were not adequately enough prepared for coping with the realities of the everyday work situation in a state mental institution. We have not been certain that there is a way to prepare them for this "cultural shock," since it appears to be something which must be experienced in order to be understood. The students do have field trips to Central State Hospital in connection with abnormal psychology and the testing practicum.

Keeping up with the job situation of the graduates has been difficult because of the high rate of mobility and the related disappointing rate of return of alumni questionnaires. Of the first eight graduates of the program in 1974, six were employed as psychology technicians at Central State Hospital. The over-all rate of employment at Central State Hospital for the five year period has been about one-fourth of the program's graduates. However, this rate of employment is not a direct indication of the success of the program, for many of the students in the program do not apply for a technician position. Some of them just find the program an interesting experience, some of them see the program as a good background for graduate work in an area such as clinical psychology or counseling, and some of them have preferences about the area in which they live and work which preclude a position as a technician. Graduates of the program have also been employed as employment counselors, parole agents, correction counselors, rehabilitation counselors, and in mental health and psychoeducational centers. The one main thing that seems to impress employers is that the students have had a full quarter's supervised field experience. Another important variable in the employment situation at Central State Hospital is that budget and grant fluctuations, internal reorganizations, and periodic

reassessments of the state merit system classifications and policies make it somewhat unpredictable as to when the hospital will be able to hire technicians. We rather frequently have the situation in which the hospital wants to hire some of the graduates of the program but cannot get the necessary clearance. Employers from whom we have been able to get evaluations of the work of graduates of the program have uniformly expressed satisfaction.

In our opionion, the Psychology Technician Training Program at Georgia College has had the following advantages: (a) It has provided mental health institutions and agencies in the area with an increased pool of trained workers at the Bachelor-level. (b) It has increased the level of our interaction with psychologists in area institutions and agencies and improved our working relationships with them. (c) It has increased the employment potential for the capable psychology graduate who does not have the resources, verbal aptitude, or motivation for graduate school. It is not uncommon for students to be hired by the same unit in which they had their supervised clinical practicum. (d) It has provided a chance for some students who are planning for graduate school to gain valuable practical experience before entering graduate school. (e) For some students, it has been an avenue for funding of graduate school in that a few agencies have had funds with which to sponsor a technician's graduate education in return for a specified term of service to the agency. (f) The program has been comprehensive enough to allow students to consider a number of options following graduation. If the student changes his mind about the program part way through or completes the program and then cannot, or does not want to, work as a technician, he still has the psychology major. (g) The courses in the program have been open to all qualified students and hence have provided a greater variety of course offerings in the psychology department.

(h) The program has provided to both students and faculty the stimulation of combining application and experience with the usual course work.

The problems associated with the technician program have been the following: (a) The department is a small one with a heavy teaching load, and this has made the supervision of the clinical practicum a problem. Thus far we have handled this by appointing a PhD clinical psychologist on the Central State Hospital staff as a part-time professor of psychology in the Georgia College Psychology Department during the quarter of the clinical practicum. This person has arranged for clinical practicum experiences in various areas of the hospital under supervisors who have at least the Master's degree in psychology or a closely related field and has met with the practicum students as a group once a week for discussion of their work. The great majority of the supervision has been well done. However, Central State Hospital is a very large and diversified institution with periodic changes in staff and organization, and there have been situations in which the supervision was not adequate. (b) Some of the technicians, after several years in that position, have expressed dissatisfaction with the opportunities for advancement available to them with the Bachelor's degree. The fact that a responsible position as a psychologist will require graduate work is something which we communicate to all of our majors, and especially to our technician students. (c) The identity of the program has presented some problems, because it is not a traditional academic program. We must continually interpret the program to our major students and encourage them to start on the course sequence early enough to get the required courses at the right times if they are interested in the program. It is not unusual to find a student at the end of his junior year who finally faces the realization that he will be job hunting in another year and

who, at that point, tries to make special arrangements for the technician program requirements, which take a minimum of two years to complete. The completion of the program is identified on the student's official transcript by the notation "Psychology Technician Training Program Completed," placed beside the notation that the student was a psychology major. Employers at Central State Hospital are aware of the meaning of this notation, and students have found that employers elsewhere accept a verbal explanation from the graduate. We have offered to write a letter of explanation of the program to any potential employer, but neither students nor employers have requested such a letter to date. (d) We have some indications that more students would participate in the program if the requirements were not so demanding. The program requires 20 quarter hours beyond the minimum number of quarter hours required for a psychology major, and it also requires some rather theoretical courses such as psychology of learning and personality theory. It has been our opinion that the present requirements are necessary in order to produce the quality of performance we seek.

As for future plans, we think that the advantages of the program outweigh the problems, and we are planning to continue the program. In the fall of 1978 we shall have a full-time PhD clinical psychologist on our staff for the first time, and we are looking to him to help us solve some of our problems in the areas of opportunities for, and supervision of, field experiences for academic credit. With the start of an M.S. program in psychology, also in the fall of 1978, technicians in the area will have an opportunity to get the graduate training they need for advancement in their jobs. The trend away from terminal Master's programs in clinical psychology may increase the need for technicians at the Bachelor's level. Even with the alleviation of the

shortage of PhD clinical psychologists, there will be situations, especially in state institutions and agencies, in which budgetary considerations will prevent the heavy use of PhD's to deliver psychological services. Wildman, Nish, and Wildman (Note 5) have pointed out that the use of sub-doctoral technicians under supervision to do some of the more routine tasks such as interviewing, administering certain tests, making behavioral observations, and running behavior modification programs, can release the PhD clinical psychologist for more involvement in program planning, improvement of services, and research. This will be even more true if the trend away from the psychoanalytic model and toward the behavioral model of treatment continues, as it appears to be doing.

In a follow-up to their 1971 survey, Wildman and Wildman (1977) surveyed again in 1976 clinical psychology departments in applied clinical settings for their use of doctoral and sub-doctoral personnel. They found that, while the average number of PhD's and interns per clinical setting did not increase between 1971 and 1976, the average number of Bachelor-level technicians increased during the same time period by 38%. Their data also show that, whereas in 1971, 38% of the responding departments employed Bachelor-level technicians, by 1976, that percentage had risen to 45%. McConnell (1977, p. 687) estimates that, because of rapid advances in behavioral technology, at least 10% of the U.S. work force will be in jobs for which the title "psychologist" or "behavioral engineer" will be appropriate by the year 2000. Even if we cut his prediction to a more conservative 5%, we are left with a situation in which it appears that there will be an increasing need for sub-doctoral technicians in the delivery of psychological services.

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